The Qalb Short Break Services Ltd

Discovery Home

Inspection report

31-33 Spelman Street, London E1 5LQ
Tel: 020 7375 2792
Website: **discoveryhome**.org.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 30 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service was last inspected on 22 October 2013. It was found compliant in all areas we looked at.

The service is registered to provide support to adults and children living in their own homes with personal care. At the time of our inspection 16 people were using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives had positive experiences of the care and service they received. Relatives we spoke with said they were very happy with the service their family members received and the staff who delivered care.

People were protected by procedures in place to safeguard them. Staff had knowledge and training about how to identify abuse and keep people safe. Risks to people in relation to their care and welfare were assessed and managed. Staff were sufficient in numbers and skill

Summary of findings

mix to safely meet people's needs. Staffing levels were assessed and staff allocated to ensure the safety of the service based on individual needs. All staff were vetted prior to commencing work. Criminal record checks were completed for all staff and essential recruitment documents and records were in place.

People were supported to maintain good health and had access to ongoing healthcare support. The provider kept records of regular contact with health and social care professionals.

Whilst staff were aware of the need for people to consent to their care and support, the provider's practice was not in keeping with the requirements of the Mental Capacity Act 2005 and staff lacked training and experience in this area to ensure that people's rights were protected.

Staff received an induction when they began work and mandatory training to ensure they had the knowledge and skills they needed to meet people's needs. Staff were supported through regular meetings with their manager.

People who used the service were treated with dignity and respect. Relatives of people who used the service told us that staff were kind and caring and considerate in the way they provided care.

Care was planned and people and their relatives spoke highly about the service and how their care was delivered. Whilst support plans were personalised to some degree, some support plans were not sufficiently detailed and needed further development. Staff understood people's needs in relation to their culture, language and diverse needs.

Issues of concern were addressed but were not always recorded to ensure the service dealt with the issues appropriately, and to ensure the service was continually responsive to meeting people's needs.

Staff spoke well of the management and said they were available whenever they needed them and that they received good training and support. The provider had systems in place to monitor the quality of service. However these systems were not always effective in identifying and addressing shortfalls and ensuring that feedback was used to assess, analyse and improve the quality of the service.

We found breaches of regulations relating to consent and good governance. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected by procedures in place to safeguard them. Staff had knowledge and training about how to identify abuse and keep people safe. Risks to people in relation to their care and welfare were assessed and managed.

Staffing levels were sufficient and adjusted to meet people's needs safely and staff were vetted prior to their work to ensure only suitable staff were employed to work with people.

Is the service effective?

Requires improvement

The service was not effective in some aspects. Whilst staff were aware of the need for people to consent to their care and support, the provider's practice was not in keeping with the requirements of the Mental Capacity Act 2005 and staff lacked training and experience in this area.

People were supported to maintain good health and had access to ongoing healthcare support. The provider kept records of regular contact with professionals.

Is the service caring?

Good

The service was caring. People who used the service were treated with dignity and respect. Relatives of people who used the service told us that staff were kind, caring and considerate in the way they provided care.

People received a service that met their diverse needs including cultural and language needs.

Is the service responsive?

Requires improvement

Aspects of the service were not responsive. Care was planned and people and their relatives spoke highly about the service and how their care was delivered. The majority of support plans were personalised but some plans did not have as much personalised detail as others and needed further development.

Whilst concerns raised were addressed, actions taken in response to issues of concern and dissatisfaction were not always recorded to demonstrate learning and ongoing action to improve the quality of the service.

Is the service well-led?

Requires improvement

The service was not well-led in some aspects. Whilst there were systems in place to monitor the service people received, there was a lack of oversight of the overall quality and effectiveness of the service.

Staff and relatives spoke well of the management and said the registered manager was available whenever they needed.

Discovery Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 30 November 2015 and was carried out by one inspector. Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC within the past 12 months.

The majority of people using the service were unable to verbally communicate their views. We contacted three relatives to give feedback for this inspection. We also spoke with five staff including the registered manager, their supervising manager and three care staff. We looked at five files of people who used the service, three staff files, and other records and documents relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives we spoke with said they had never had any concerns about the safety of their family member who used the service. They said they were advised about how to report concerns if they had any.

People who used the service were protected by staff who showed they had knowledge about how to safeguard them. They knew about possible signs of abuse and action to take if they had concerns. All staff had safeguarding children and adults training. The registered manager said there had been no allegations or concerns about abuse of people who used the service and records confirmed this. The registered manager said all the staff were very open and good at discussing issues or concerns they might have about people. A safeguarding policy and procedure was in place that informed staff about what to do if they had any concerns.

All staff we spoke with were aware of safety issues and the importance of minimising risks to people when working with them. At the point of referral, the registered manager assessed any risks associated with caring for people. For example, they assessed how many staff a person who used a wheelchair needed to support them, the size of their rooms and any restrictions as well as people's medical conditions and the support they would need in realtion to these. They involved family members in this process. The care coordinator also completed a risk assessment to help formulate a care plan. Social services provided an in-depth assessment, followed by a separate plan developed by the registered manager to ensure the needs of the person who used the service were identified and how these should be met.

Risk assessments were reviewed and included how to mitigate against risks, for example, ensuring a person was accompanied at all times to mitigate known risks to them if left alone in the community. We found that where one person was at risk from a health condition, a separate risk assessment identified actions to minimise risks presented by their condition.

None of the staff were involved in supporting people to take their medicines as all received this support from their relatives. Despite this a number of staff had completed medicines training, so they were prepared to provide this support if the need arose.

The provider recognised the need to ensure the health, safety and welfare of people who used the service and staff. A wide range of health and safety policies that were in place gave staff information about how to provide and work within a safe service, such as ensuring the safety of a person's environment. The registered manager provided health and safety training and had held a training session for staff on what they should do in the event of a fire in people's homes and how to evacuate people. Lifting people manually was not permitted, with the sole exception of handling small children. Most[EP1] of the staff had received first aid awareness training by an external company.

Staff files we looked at showed interview procedures were thorough and explored the skills, abilities and attitudes of staff towards care. Recruitment checks had been carried out to ensure only suitable staff were employed. Files contained proof of identification, criminal record (DBS) checks , references and evidence of a 12 month probationary assessment period. Gaps in employment histories had been explored so that these could be accounted for.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

The registered manager told us that people were empowered and supported to make decisions about their care if they could not communicate verbally. They described to us how there was one child who could speak a little and how they involved them in decisions. For younger children the registered manager said the parents had parental responsibility and made all their decisions. There were many other people using the service over the age of 16 years who could not, or had difficulties with, communicating verbally.

The registered manager said if people could not communicate verbally or did not have the ability to make a decision about their care, consent to care was sought from and given by a family member. Whilst the registered manager knew the importance of seeking consent from people about their care, the practice of asking family members to consent to the care arrangements of others was contrary to the principles of the MCA. No capacity assessments had been undertaken to establish the capacity of individuals to make specific decisions and where people lacked this capacity, decisions had not been made following the MCA best interests decision making process. In people's files, relatives had signed consent forms without records explaining how the person's capacity to understand and make a specific decision had been assessed. None of the staff had received training on the MCA.

The above evidence demonstrates that the provider's practice was not in keeping with the principles and legal requirements of the MCA, thereby failing to ensure people's rights were protected. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives of people who used the service said they were very happy with the care. They said staff were familiar with the needs of their family members and how to meet them. Two relatives said that they thought staff must have good training. One said whilst they thought the agency was the best they had used in six years they thought some staff could benefit from having more training about the needs of people who have learning disabilities and behaviours that challenged others.

Staff showed knowledge and awareness of the individual needs of people they supported and said they received regular training and supervision. The registered manager told us they had arranged for staff to attend a mental health training course on 3 December 2015 in a local hospital. Some of the staff had relevant health and safety qualifications.All staff received in-house induction with mandatory core training, including safeguarding adults and children, first aid, health and safety, fire safety, food hygiene, moving and handling, infection control and other relevant training, such as managing behaviours that challenge, HIV awareness and diabetes training. Staff told us their training was beneficial to them in their roles. New staff shadowed the current more experienced staff. This was so that new staff had a good idea about people's needs and their daily routines before they worked with them independently.

Staff told us they had regular supervision, from between four to six times a year. Staff files contained evidence of staff meeting regularly with their manager to discuss the needs of people who used the service. Minutes of meetings showed that staff explored their training needs and were set targets for their development.

People were supported with their nutritional needs, including help with preparing meals and assistance with eating where this need was identified. People's healthcare needs were taken into account as part of the assessment and care planning process to ensure people maintained good health. This included information received from relatives, health and social care professionals.

Good

Is the service caring?

Our findings

According to relatives, staff provided care in a way that was kind, caring and considerate towards the needs of people who used the service. One relative said, "They (the staff) are absolutely brilliant. They are respectful and lovely and know how to look after my son." The registered manager and their supervising manager told us they were regularly in touch with people who used the service and their relatives. They said they regularly gave them feedback about how happy they were with staff and how sensitively they delivered care.

Records showed evidence of the caring approach towards people who used the service. For example, where social services were not involved with people who purchased their care directly from the agency, the registered manager was frequently in touch with those people to ensure that they and their relatives were happy with their service.

Staff all talked about people with consideration and kindness, emphasising the need to be gentle and compassionate in their dealings with people. They gave us examples of how they offered people care to suit their daily preferences. The registered manager said they knew that people received a service that always respected their privacy and dignity.

The needs of people who used the service ranged from mild learning disabilities to mental health, sensory impairments and physical disabilities. None of the people who were using the service could communicate verbally, so their families assisted with their communication, which the registered manager said worked well.

Relatives of people who were unable to speak and/or understand English had requested to have staff who spoke their language to facilitate better communication. Where possible staff were matched with people to meet this need, for example Bangladeshi speaking staff and African staff were allocated to people who spoke the same languages. The provider was aware of the importance of respecting cultural needs and preferences. The registered manager said if they saw that people and their relatives were observing particular customs, such as removing their shoes when indoors, they would ask staff to respect this and do the same.

Support plans were produced in an accessible picture format, including information such as 'what is important to me', and the person's background history, interests, likes, dislikes and goals. In addition, what services were provided and needed to help people with social inclusion, for example, to access and take part in social and community activities. They also included the skills and qualities wanted or needed from staff and these were taken into account when planning care. The service was tailored to meet individual needs and preferences. Where one person did not like socialising or being around people, their plan made this clear and included how best to approach them. The plans helped to promote and encourage independent living skills. One person's plan described the most appropriate utensil used by the person to assist them to have their meals independently.

The provider had policies and procedures to actively promote good practice, such as fair and equal access to services and to avoid all forms of discrimination of people in the planning and delivery of services. All staff were required to attend a one day equality and diversity training session with the local authority.

Requires improvement

Is the service responsive?

Our findings

Out of 16 people, there were four young adults who used the service and 12 were children. Relatives told us they thought their family members received a good and personalised service that met their family member's needs. One relative said they and their family member, who had used the service for 10 years, were very happy with it. Another relative said they had used the service for six years and told us it was the best agency compared with others they had experienced. One relative was overall, "very impressed." They said staff always visited them at the allocated times.

Each person's support plan had been reviewed at regular intervals to ensure they were current and accurately outlined the person's individual needs and how these would be met. These included needs associated with the person's physical and mental health; social, behavioural and communication needs; meaningful use of time; motivation; self-care and living skills. Some of the documents, such as the local authority and provider's assessments and care plans, contained personalised information, however other's required further development. For example, one support plan said a person relied on staff for all aspects of their personal care but was not specific about what care was needed. The person's assessment had identified their care needs more specifically, but actions required to meet these needs had not been recorded in their care plan. Additionally some care plans did not always include how relatives were involved in care if care was jointly delivered between relatives and staff. The registered manager accepted that some of the care plans were not sufficiently detailed and said they would be reviewed again as an ongoing piece of work.

Issues of concern were addressed and the registered manager said there had been no complaints made. Relatives said they knew how to complain but did not presently have any complaints. One said they had experienced some difficulty with inconsistent care workers last year, but this was sorted out, and they were happy that they now had two regular staff. Another relative said that in several years, they had only had problems on two occasions when staff did not turn up, but said the agency realised what had happened and apologised. They said staff were now very good. A further relative said they would like the service to be more flexible as their family times were less predictable at weekends and said they thought the registered manager was looking into this.

The registered manager undertook a monitoring review of the care received by one person whose relative raised concerns about a number of missed visits. The registered manager investigated the case and found the concerns were unsubstantiated. Whilst the registered manager took action in response to the concern and took appropriate action to address it, they had not recorded their handling of the concern and the outcome. The registered manager said the relative did not want to make an official complaint about this and so it had not been recorded as a complaint. The registered manager and their supervisor accepted that records of the provider's activities were required for the purposes of monitoring and improvement of the quality of service in response to issues raised as concerns. The senior manager we spoke said the registered manager had followed up concerns by the person's family, met with the family who were happy with their service now.

Staff monitored changes in people's health and welfare needs on an ongoing basis and responded to any changing needs. A relative told us staff observed any changes in their family member when they returned from their day centre and recorded and discussed any concerns with the office. The registered manager and staff told us they routinely monitored the health and wellbeing of people. People's needs were reviewed by the provider regularly when any changes occurred and at least annually to ensure the service continued to meet people's needs. The notes we saw from a local authority review of the service described that staff communicated effectively, managed a person's behaviour well and that whilst a staff member was late one day, they stayed behind for same length of time. The person and their relative was said to be very happy with the service.

In another local authority review, the service was reported as being able to meet the needs of one person, which were described as being complex, and that their care service should continue. Staff were said to be able to communicate effectively and able to manage the person's behaviour well.

Requires improvement

Is the service well-led?

Our findings

The provider used a number of ways to monitor the quality and effectiveness of the service. The quality monitoring folder we looked at showed there was a system of home visits to carry out spot checks on staff to see how they were performing and gaining the views of people and their relatives who used the service face to face. There were also regular phone calls to check and consult with people and their relatives about their satisfaction with the service. The registered manager said they would contact two or three people and their relatives per month so by the end of the year, all the people and their relatives had been spoken with.

In addition the registered manager checked the records staff completed in people's homes that were returned to the office at regular intervals. However, we found that that the systems used to monitor the service were not always effective. For example, people's care plans did not always contain sufficient detail and the provider had not identified shortfalls we found in relation to meeting the requirements of the Mental Capacity Act 2005 and obtaining consent from people who used the service.

The registered manager did not keep adequate records to demonstrate what action they had taken in relation to concerns raised and any outcomes so that this information could be analysed to identify trends and areas of improvement for the service.

Out of 32 monitoring phone calls made since April 2015, the vast majority of people and their relatives reported that they were very happy with their service. But in the two areas where people were less satisfied, we saw there were no notes about what action was planned or taken. For example, in one monitoring sheet poor time management was noted, as expressed by a relative who used the service. The registered manager said that in response they had addressed the importance of punctuality in a team meeting. However, there were no records to confirm this and show that the provider used feedback to learn and improve the service.

The above evidence demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager said they spoke with staff about what was expected of them, mainly on the phone, in team meetings and one to one meetings and clarified any issues that may not be clear from people's records. Staff told us they found these discussions helpful in being clear about what was expected of them.

Relatives of people who used the service said they felt comfortable about speaking with the registered manager if they had any issues and said the registered manager would listen to them. The registered manager understood their responsibilities and promoted a positive open culture. Similarly staff told us they were happy with the support they received and how the service was managed. They said the registered manager was always available when they needed.

Relatives feedback about the service included that the individual's care was going well; that staff interacted well with the person who used the service and a relative commented that they had no issues. One parent said, "From my previous experience of different agencies, Discover Home has better management and try their very best to give quality care. Their staff are well trained and committed to doing their work."

We spoke with the manager of the provider's short break respite service, who was also the registered manager's supervisor. They told us the service listened and responded to people's views, for example, the domiciliary provision was set up in response to a request from people and the relatives who use the service who wanted care from the same staff who worked in the respite unit which they used. This meant more consistency and better quality of care from staff who were more effectively able to meet the needs of people.

The registered manager said they regularly consulted the CQC website and received newsletters for providers from CQC to ensure they kept up to date with best practice, informing staff if there was anything they needed to be aware of and any relevant changes. Minutes of team meetings showed that staff were reminded about policies and procedures and the organisation's values and principles. The registered manager had relevant qualifications, skills and experience in social care, had worked in the organisation for seven years, and as they started off in a care position knew the people who used the service very well.

The provider had a range of relevant policies and procedures in place, setting the standards and

Requires improvement

Is the service well-led?

expectations for staff to enable the effective management of the service. These were clearly indexed and had been reviewed. Staff said they were familiar with them and could access them easily if they needed to refer to them..

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person had not always acted in accordance with the Mental Capacity Act 2005 to ensure that care and treatment of service users was only provided with the consent of the relevant person. Regulation 11(1)(3)

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not operated effectively systems to assess monitor and improve the quality and safety of services provided or acted on feedback from relevant persons for the purposes of continually evaluating and improving the service. Regulation 17(1)(2)(a)(e)